

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2  
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)  
290 Broadway - 21<sup>st</sup> Floor  
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
<b>I. TYPE OF NOTIFICATION (O = Original / R = Revised): REVISION 11</b>			
<b>II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>			
OWNER: <b>SKANSKA/WALSH JV</b>			
Address: <b>250 WEST 34TH STREET ONE PENNSYLVANIA PLAZA 41ST FLOOR</b>			
City: <b>NEW YORK</b>	State: <b>NY</b>	ZIP: <b>10019</b>	
Contact: <b>ELLEN WILSON</b>	Tel: <b>312-656-0690</b>		
REMOVAL CONTRACTOR: <b>FIBER CONTROL INC. NYS DOL LICENSE NO. 28610</b>			
Address: <b>3010 BURNS AVENUE</b>			
City: <b>WANTAGH</b>	State: <b>NY</b>	ZIP: <b>11793</b>	
Contact: <b>PETER GRANDE</b>	Tel: <b>(516)781-3000</b>		
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
<b>III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION</b>			
<b>IV. IS ASBESTOS PRESENT? (Yes/No): YES</b>			
<b>V. FACILITY DESCRIPTION (include building name, number and floor or room number):</b>			
Building Name: <b>CENTRAL TERMINAL BUILDING</b>			
Address: <b>LAGUARDIA AIRPORT</b>			
Address: <b>CENTRAL TERMINAL BUILDING</b>			
City: <b>FLUSHING</b>	State: <b>NY</b>	County: <b>QUEENS</b>	
Site Location: <b>CONCOURSE LEVEL – GATE A1 PIER “A”</b>			
Building Size: <b>100,000,000</b>	SqMeter:	SqFt:	# of Floors: <b>2</b>
Age in Years: <b>50+</b>			
Present Use: <b>Other</b>		Prior Use <b>Other</b>	
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING</b>			
<b>VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:</b>			
	RACM to be Removed		Non-friable Asbestos Material not to be removed Category I
Pipes - Linear Feet			Category II
Pipes - Linear Meters			
Surface Area - Square Feet	<b>ACM WATERPROOFING - 84 SF</b>		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)</b>		<b>Start: 8/14/2016</b>	<b>Completion: 7/23/2017</b>
<b>IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)</b>		<b>Start:</b>	<b>Completion:</b>

## X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

## XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

## XII. WASTE TRANSPORTER #1

Name: ASBESTOS TRANSPORTATION CO., INC.

Address: 2 MORICHES MIDDLE ISLAND ROAD

City: SHIRLEY

State: NY

ZIP: 11967

Contact Person: KENNY SMITH

Telephone: (631) 924-5050

## XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

## XIV. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 8955 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: 330-866-3435

## XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

## XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

## XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRADE

7/13/2016

Signature of Owner/Operator

Date

## XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRADE

7/13/2016

Signature of Owner/Operator

Date